



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
LICENSING SECTION  
**CHANGE OF ORGANIZATIONAL CREDIT  
BUSINESS ENTITY STATUS**

P.O. BOX 690 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
TELEPHONE (573) 751-3518  
THIS FORM MAY BE DUPLICATED

**INSTRUCTIONS**

PLEASE TYPE OR PRINT IN INK.

This form must be submitted to the Department of Insurance within ten (10) working days of the effective date of changes.  
Enclose a \$10.00 fee if you want a license showing the new name and/or address. Personal Checks Not Accepted.

ORGANIZATION CREDIT BUSINESS ENTITY  
PRODUCER IDENTIFICATION NO.

ORGANIZATIONAL CREDIT BUSINESS ENTITY NAME

**PLEASE COMPLETE ANY AREA BELOW THAT REQUIRES CHANGE.**

☐ **CHANGE ORGANIZATIONAL CREDIT BUSINESS ENTITY NAME TO** (Proper papers from domiciled Secretary of State's Office must accompany this change)

☐ **INDICATE NEW STRUCTURE (CHECK ONE)** No fee required for this change

☐ SOLE PROPRIETORSHIP

☐ CORPORATION

☐ OTHER

☐ PARTNERSHIP

☐ LIMITED LIABILITY CORPORATION

Please attach a copy of appropriate form indicating the change has been approved by Secretary of State.

☐ **CHANGE OF ADDRESS**

**LEGAL ADDRESS (REQUIRED)**

STREET ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

**MAILING ADDRESS (OPTIONAL)**

STREET ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

☐ **CHANGE OF OWNERS, OFFICERS OR DIRECTORS** No fee required for this change

If there have been any changes of owners, officers or directors, attach a current listing. Please give full name, social security number, title and residence address.

☐ **CHANGES OF EMPLOYEES (Employed by the organizational credit business entity and to whom the organizational credit business entity pays any salary or commission.)** No fee required for this change

| CHECK ONE |        | NAME/LEGAL ADDRESS | SOCIAL SECURITY/BIRTHDATE | EFFECTIVE DATE |     |      |
|-----------|--------|--------------------|---------------------------|----------------|-----|------|
| ADD       | DELETE |                    |                           | MO.            | DAY | YEAR |
|           |        |                    |                           | —              | —   | —    |
|           |        |                    |                           | —              | —   | —    |
|           |        |                    |                           | —              | —   | —    |

**AUTHORIZED  
SIGNATURE**



DATE